PTO/SB/06 (08.4)
Approved for use through 7/31/2006. ONB 0851-00
U.S. Patent and Tradomark Office; U.S. DEPARTMENT OF COMMERC

THE RESERVE THE PROPERTY OF TH

Under the Paperwork R	eduction Act of 189	, no persons are r	equired to reson	U.S. Pat nd to e: collect	ent and	Tradomark	Office; U.S	6. DEPARTMEN	6. OMB 0651. TOF COMME	00
Under the Paperwork R PATEN	T APPLICAT	ON FEE DE	TERMINATI	ON REC	ORD	niormation u	nless it dis	plays a valid OA	AB control nur	nbe
Substitute for Form PTO-875							Application or Docket Number			
Ċ	LAIMS AS FILE							7		_
(Column 1) (Column 2		(Calumn 2)	ئــن ہـ	SMALL ENTITY				ER THAN LL ENTITY		
FÓR BASIC FEE	· NUMBER FILE	NUMBER FILED NUI		R	ATE	FEE	7		7	_
(37 CFR 1.18(a))					<i>y</i> :	3	٦	RATE	FEE	
TOTAL CLAIMS (37 CFR 1.18(c))	20 minu	20 = •		1 xs		† : -	OR	<u> </u>		_
INDEPENDENT CLAIMS (37 CFR 1.18(b))	4 minus	3 = "		1	- -	╂	OR	x s	 	_
NULL TIPLE DESCRIPTION		× 3	=-	ļ	OR	x s=		_		
						<u> </u>	OR	+5=		
* If the difference in column 1 is less than zero, enter "O" in column 2.				10	TAL	L	OR	TOTAL		٦
. / CLAIM	IS AS AMENDE	D - PART II							L	ㅓ
5/31/06	•									-
(Column 1) (Column 2) (Column 3)					MLLE	NTITY	OR	OTHE: SMALL	R THAN ENTITY	
RE	MAINING AFTER	. NUMBER	PRESENT	RA	re .	ADDI] .	RÀTE .		7
Total AME	NDMENT	PREVIOUSLY PAID FOR	EXTRA	L.	l	TIONAL FEE		I TONIE	ADDI-: TIONAL	
CF CFR 1.16(c)	24 Minus	25	1°+	× \$/]:	5.		OR	v. 177	FEE	┨
Total Trotal (rr ora 1.18ch) Total (rr ora 1.18ch)	4 Minus	" 4	-6	XX	774	· ·	٠.	100	 -	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(df))					70 	<u> </u>	OR	×≈<00	<u> </u>	4
TRW AL.							OR	+5	· ·	1
1 same	0-11-0			ADD'L F	EE		OR	TOTAL ADD'L FEE		1
6	kma 1) LAMS	(Column 2)	(Column 3)	ــــــــــــــــــــــــــــــــــــــ		·	_	_		1
- 1 eer	MAINING FTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATI	E	ADDI-		RATE	ADDI-	1
II AME	NDMENT	PAID FOR	EXTRA	<u> </u>		TIONAL PEE	. 1		TIONAL	ı
5 (27 CSR 1.16(n))	4 Minus	25	5	x26	<u></u>		OR	x s 500	FEE!	1
CIT CFR 1.16(b)	4 Minus	"4	*	110	2		· : [0 00	·. ·	1
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))					=2- -		OR	× 1200	 -	-
(5.50 (1.10(0))					-		OR ·	+s =		
				ADD'L F	EE L		OR	ADD'L FEE	٠.	
	mn 1)	(Calumn 2)	(Column 3)			•	•			1
) REM	AIMS AINING	HIGHEST	PRESENT	RATE		ADDI:	Γ			
AMEN	TER IDMENT	PREVIOUSLY PAID FOR	EXTRA			TIONAL		RATE	ADDI- TIONAL	ľ
Total (37 CFR 1.16(cl)	Minus	•	-	1.25	-	FEE	ŀ	0	FEE	
Total (27 CFR 1.16(c)) AMEN Total (27 CFR 1.16(c)) Independent (27 CFR 1.16(b))	Minus		-	1.4	il :	 	OR	× 1:5(/*	·	ľ
FIRST PRESENTATION OF	E LAN TION E DECE			**/ (/	-		OR .	x:200		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d))					-		OR _	+ s=		
9 Milho ando 1			•	TOTAL ADD'L FE	€ .	. 1		TOTAL ADD'L FEE		İ
If the entry in column to the Highest Number	is lessithan the entry Previously Pald For-	in controls space b	ARIBARIUMAA.	usteur zaglad Int "20"	ا و څالتونه		er erene	Moneyels		

"If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

"If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by \$5 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-600-PTO-9199 and select option 2.